

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>5663</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Lewis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lyon</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>At home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u> c. CITY OR TOWN <u>Rural</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1560</u> e. STREET ADDRESS (If rural, give location) <u>Rural, Williamstown, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lutie</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1955</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 13, 1876</u>		9. AGE (in years last birthday) <u>79</u>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lewis Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Newton Marks</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Pauline Durrett</u>		14. NAME OF HUSBAND OR WIFE <u>Theodore Miller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lee Miller, Williamstown, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia &amp; Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>293 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>52</u> to <u>July</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 31, 1954</u> , and that death occurred at <u>3 p. m.</u> , from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) <u>P. W. Jennings, M.D.</u>		23b. ADDRESS <u>Canton Mo.</u>	
23c. DATE SIGNED <u>5/21/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lewis County, Missouri</u>		DATE REC'D BY LOCAL REG. <u>5-21-55</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl H. Barkley, Canton Mo.</u>	

E. L.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signature

*Earl H. Buckley*

Licensed Embalmer No. *261*

P. O. Address *Centra*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.